		PART B	- FEE(S) TRANSI	MITTAL		
Complete and se	nd this form, toget	her with applicable	Co P.σ Ale	ail Stop ISSUE FER ommissioner for Pat O. Box 1450 exandria, Virginia 2 71)-273-2885	ents	
INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	form should be used a correspondence including ed below or directed other	or transmitting the ISS on the Patent advance or nerwise in Block I, by (a	TE FEE and PUBLICAT ders and notification of ) specifying a new corre	ION FEE (if required). maintenance fees will be spondence address; and/o	Blocks 1 through 5 sho mailed to the current cor (b) indicating a separa	ould be completed where orrespondence address as ate "FEE ADDRESS" for
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05/11/2007 FMETEKI2	00000102 10784324	•	<u>ے</u>	Wall		(Signature)
01 FC:1501 02 FC:1504	1400.0 300.0		M	lay 9, 2007		(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ATTO	DRNEY DOCKET NO.	CONFIRMATION NO.
		FACTURING PLANAR I			12569-108DIV	8708
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	XXX NO	<b>XXXXX \$140</b> 0		\$0 <b>T</b>	\$1000	05/21/2007
EXAMINER KIM, PAUL D		3729	029-606000	J		
Address form PTO/S  "Fee Address" ind PTO/SB/47; Rev 03-6 Number is required.  3. ASSIGNEE NAME A	oondence address (or Cha B/122) attached. dication (or "Fee Address 22 or more recent) attach	nge of Correspondence  Indication form ed. Use of a Customer	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  3  EPATENT (print or type)  at a will appear on the patent. If an assignee is identified below, the document has been filed for			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)						
Custom One Design, Inc.  Melrose, Massachusetts  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government						
	are submitted: No small entity discount p	permitted)	<ul> <li>b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li> ☑ A check is enclosed.</li> <li>☐ Payment by credit card. Form PTO-2038 is attached.</li> <li>☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-2410 (enclose an extra copy of this form).</li> </ul>			
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Authorized Signature	Gordon	Mul		Date May 9	, 2007	
Typed or printed nam				Registration No.		
this form and/or suggest Box 1450, Alexandria, \ Alexandria, Virginia 223	d application form to the ions for reducing this bu /irginia 22313-1450. DC 313-1450.	FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR Copersons are required to respect to the sent to the persons are required to respect to the sent to the persons are required to respect to the sent to the	e Chief Information Offic	er, U.S. Patent and Trade O THIS ADDRESS. SEN	mark Office, U.S. Depart Did TO: Commissioner fo	by the USPTO to process) gathering, preparing, and by you require to complete tment of Commerce, P.O. r Patents, P.O. Box 1450, umber.

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